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Bib Data Sheet

CONFIRMATION NO. 7430

<b>SERIAL NUMBER</b> 09/807,809	<b>FILING OR 371(c) DATE</b> 07/30/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 46309-257438	
<b>APPLICANTS</b> Robert David Possee, Oxon, UNITED KINGDOM; Linda Anne King, Oxon, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> <i>OK</i> This application is a 371 of PCT/GB00/03144 08/14/2000					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 99/19409.4 08/18/1999 <i>OK WSM</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/02/2002</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>W. Smith</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23594					
<b>TITLE</b> Baculovirus expression system					
<b>FILING FEE RECEIVED</b> 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		